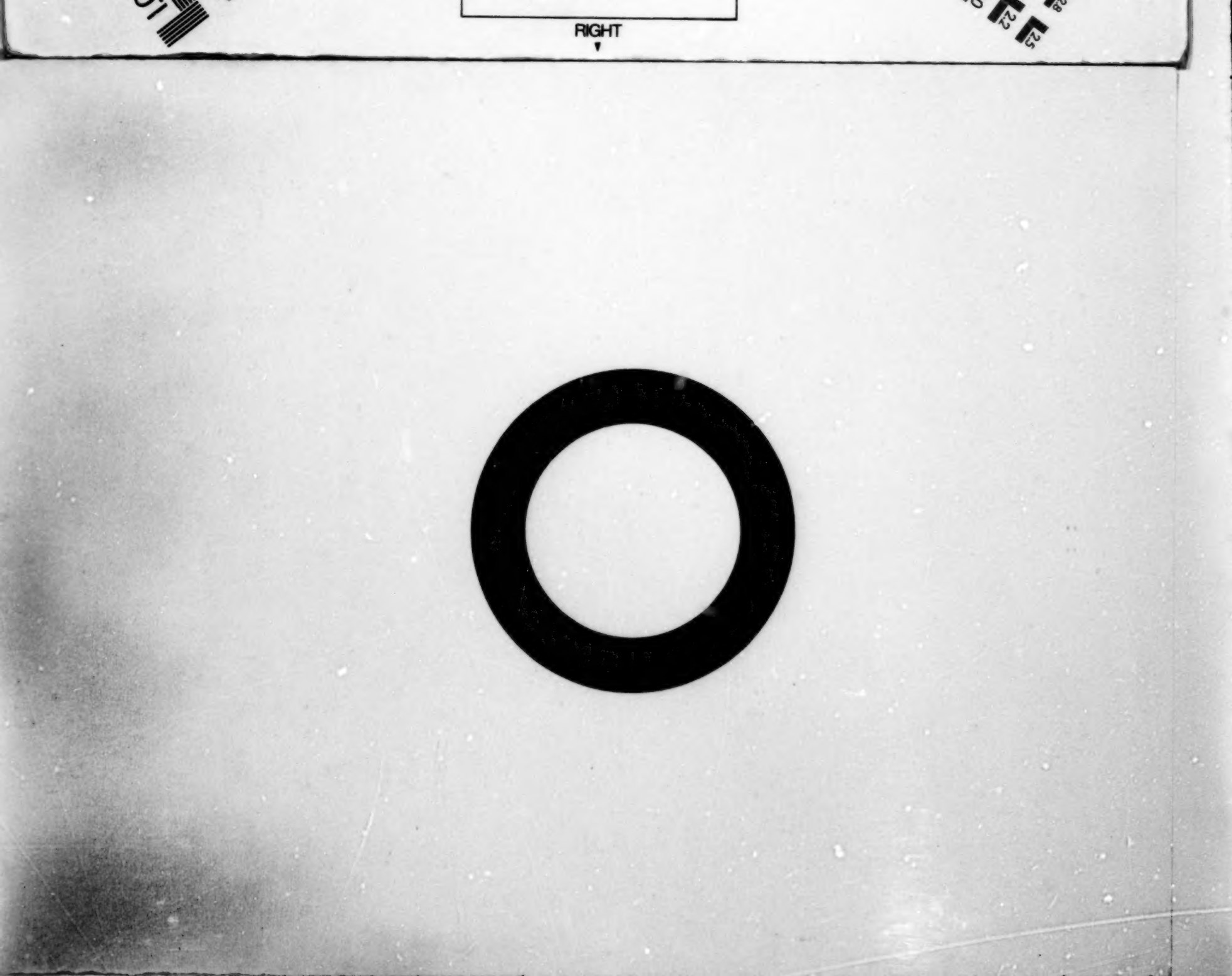
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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Democratic People's Republic of Korea

Proposed indicative UNFPA assistance:	$11.5 million: $4.7 million from regular resources and $6.8 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Sixth
Category per decision 2013/31:	Orange

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.8	2.2	5.0
Outcome 4	Population dynamics	1.4	4.6	6.0
Programme coordination and assistance		0.5	–	0.5
Total		4.7	6.8	11.5

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I. Situation analysis

1. Despite economic difficulties and the vulnerability of the country to natural disasters such as floods and droughts, the Democratic People's Republic of Korea has seen its social and demographic indicators improve since the last national population and housing census in 2008. However, vulnerabilities of the agricultural sector to natural disasters have often led to food insecurity, poor nutrition and economic instability. The Office of the Coordination of Humanitarian Affairs ranks the country eighth in the region in terms of risk. Disaster mitigation and preparedness are crucial as the country continues to face long-term, underfunded humanitarian needs, with limited access to high-quality sexual and reproductive health (SRH) services. The national capacity to respond to SRH needs in humanitarian settings remains limited.

2. The country acknowledges its obligations under the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, and has accepted to implement 113 out of 185 recommendations from the Human Rights Council during the 2014 Universal Periodic Review.

3. The population has grown from 24.1 million in 2008 to an estimated 24.9 million in 2014, implying an annual growth rate of 0.61 per cent. During the same period, the proportion of the working-age population (15-59 years) and the elderly (aged 60 years and over) increased from 62.6 per cent to 64.7 per cent and 13.5 per cent to 14.0 per cent, respectively, while the population below 15 years decreased from 23.9 per cent to 21.3 per cent.

4. According to the 2014 Socio-demographic Health Survey (SDHS 2014), the total fertility rate decreased slightly, from 2.0 in 2008 to 1.9 in 2014, with only minor differences between rural and urban areas. During the same period, the infant mortality rate decreased from 19.3 deaths per 1,000 live births to 13.7 per 1,000 live births. Life expectancy at birth increased by more than 2.5 years for both sexes between 2008 and 2014, reaching 75.6 years for women and 68.2 years for men. The sex ratio favours women in general, and is especially pronounced in older ages.

5. The contraceptive prevalence rate among married women was 76.5 per cent in 2014, up from 65.3 in 2010, dominated almost entirely by a single method, the intrauterine device. While 91.6 per cent of demand for family planning was reportedly satisfied, contraceptive choice and access to counselling services are limited. More than one in ten currently married women reported having experienced an induced abortion (SDHS 2014).

6. In 2014, more than 90 per cent of pregnant women attended at least four antenatal clinic visits. While more than 90 per cent of women delivered in health facilities, close to 100 per cent received skilled birth assistance at the time of delivery. However, health infrastructure and the quality of services remain a concern. A needs assessment of emergency obstetric and neonatal care jointly undertaken by UNFPA and UNICEF in 2013 indicated that lower-level hospitals lacked sufficient medical instruments, equipment and supplies. A lack of knowledge and skills of health workers was identified, as were gaps in the commodity logistics management system.

7. Partly due to the geopolitical and economic changes occurring at the global level in the 1990s, the gross domestic product per capita fell from $991 in 1993 to $463 in 2000. However, since 2000, it has consistently increased, reaching $904 in 2011 and $1,004 in 2013. The period 1993-2000 also witnessed significant deterioration in health services. Maternal mortality increased sharply in the late 1990s, returning to its 1990 level only around 2008. Total expenditure on health, as a proportion of the national budget, has increased from 5.9 per cent in 2000 to 6.4 per cent in 2014. Investments in health system strengthening by the Government, United Nations agencies and other development partners have contributed to an improvement in health outcomes. The maternal mortality ratio has declined from 85.1 per 100,000 live births

in 2008 to 65.9 per 100,000 live births in 2014 (SDHS 2014), yet it is still far from the national goal of 50 per 100,000 live births by 2015.

8. Data on the incidence of sexually transmitted infections (STI) is scarce but a study undertaken in 2010 among 761 symptomatic women in six hospitals revealed a high prevalence of STI, with rates as high as 9.6 per cent for chlamydia and 6.3 per cent for gonorrhoea. In general, health facilities lack the required infrastructure, equipment and human resources to provide adequate SRH services.

9. Several strategies and guidelines exist, including the National Reproductive Health Strategy (2011-2015), cervical cancer guidelines and STI guidelines. Institutional capacity for updating and implementing the strategies and guidelines need to be strengthened to ensure that the services and information people require to protect their sexual and reproductive health are provided.

10. While national institutional capacity in data collection and processing has improved, much remains to be done. Better availability of sex disaggregated data, coupled with stronger institutional capacity for data analysis, including spatial analysis, is needed for the planning, implementation, monitoring and evaluation of equitable and sustainable development programmes, as well as to inform humanitarian preparedness and response. Institutional capacity to track progress on the Sustainable Development Goals also needs strengthening. Preparations for the 2018 national population and housing census have begun and the human, financial and technical requirements are being identified.

11. The geopolitical environment during 2016 has further limited the space for UNFPA programming, operations and resource mobilization. International sanctions, particularly those relating to the procurement of non-expendable equipment and supplies as well as international banking transactions, hamper programme implementation, sometimes making interventions impractical to pursue. During 2013-2014, the international banking channel was disrupted on two occasions, for a cumulative period of 12 months, severely obstructing operations. This seriously reduced UNFPA activities. Additional interruptions in 2015 and early 2016 similarly affected the organization's ability to operate.

II. Past cooperation and lessons learned

12. UNFPA started providing assistance to the Democratic People's Republic of Korea in 1985, and has since supported five country programmes, focusing on SRH and population and development issues.

13. The fifth country programme (2011-2016) contributed to: (a) development of the national SRH strategy and strengthened capacity of the Ministry of Public Health to formulate and implement SRH guidelines and standards and to provide better-quality comprehensive SRH services; (b) implementation of cervical cancer-screening pilot initiatives; (c) introduction of a midwifery curriculum, in line with international standards; (d) strengthening of logistics management to help planning and tracking of health supplies; (e) provision of humanitarian support through procurement of obstetric drugs (to enable safe deliveries nationwide) and clean delivery kits and dignity kits for girls and women (following major floods); (f) strengthened capacity of the Central Bureau of Statistics and other national stakeholders in generating and using data for policy formulation and development planning; (g) the establishment of an undergraduate course in demography; and (h) provision of technical and financial support for the first-ever nationally representative SDHS.

14. An independent evaluation of the country programme in 2014 noted that the Government and international organizations in the country considered UNFPA a valuable technical partner. The evaluation recommended the following: (a) focus on policy advocacy and capacity development; (b) continue to strengthen midwifery capacity; (c) advocate for scaling-up of comprehensive sexual and reproductive health services; (d) strengthen data management systems at national and subnational levels

for monitoring key development indicators to support planning and localize the sustainable development goals; (e) continue to strengthen professional capacities in population and development; (f) support the planning, implementation, monitoring and evaluation, as well as analysis and dissemination of the 2018 national population and housing census; and (g) invest in resource mobilization to explore new funding sources.

15. Lessons learned include the following: (a) the importance of improved coordination with other agencies, including in the selection of geographical areas and joint planning, monitoring and evaluations; (b) the need for flexible planning that considers the unpredictability of the political and socioeconomic context of the country; (c) the need for greater advocacy for increased investment in sexual and reproductive health, including provision for life-saving and other SRH commodities in the national budget; and (d) the need for data and evidence to advocate for UNFPA mandate areas and for humanitarian programming.

III. Proposed programme

16. International sanctions have had adverse effects on development and humanitarian programming in the country. To the extent possible, the new country programme has been developed with the evolving geopolitical situation in mind, and will be managed in a manner that is compliant with applicable United Nations Security Council resolutions relating to Democratic People's Republic of Korea and would adhere to applicable export licensing requirements. Areas of SRH and population and development that could directly influence the quality of life of people in the country have been prioritized. Special emphasis is given to humanitarian needs and to data for policy and programming, which the Government may otherwise not be able to implement on its own.

17. The new programme is aligned with national priorities and it will contribute to the United Nations Strategic Framework (UNSF) for 2017-2021. The programme responds to the Programme of Action of the International Conference on Population and Development and aims to contribute to the 2030 Agenda, particularly Goal 3 on health, Goal 5 on gender equality and Goal 17 on global partnership for sustainable development. It focuses on strengthening emergency preparedness and response to humanitarian needs, capacity-building, knowledge management, advocacy and the provision of technical support. By supporting the Government to develop and implement comprehensive national SRH strategies and programmes, the programme aims to benefit 4.5 million women of reproductive age. Through life-saving interventions, such as the provision of reproductive health and midwifery kits and essential drugs and medicines, UNFPA will aim to ensure quality health care for 350,000 deliveries. The programme continues to invest in strengthening the capacity of key institutions of the Ministry of Public Health, Education Commission and Central Bureau of Statistics to deliver high-quality integrated SRH services and to generate reliable population data.

18. UNFPA will focus efforts primarily at the national level. At the subnational level, UNFPA will work in a limited number of provinces and counties, which will be confirmed by the Government on the basis of agreed criteria, informed by the 2014 SDHS and country programme evaluation findings. These include: vulnerability to natural disasters, convergence with other United Nations agencies, geographical coverage and key reproductive health indicators, such as the number of women of reproductive age, maternal mortality ratio, total fertility rate and contraceptive prevalence rate.

19. Building on previous knowledge-generation initiatives, UNFPA will work with relevant national and subnational partners to showcase successful experiences to inform national, sectoral and humanitarian plans and programmes and to generate a knowledge base for advocacy on SRH and rights. The programme will build on the comparative advantage of UNFPA as a broker of international technical expertise and

facilitator of international cooperation and knowledge exchange. In this regard, support will be provided toward allowing representatives from counterpart institutions to attend international conferences and other knowledge-sharing initiatives.

A. Outcome 1: Sexual and reproductive health

20. Output 1: Increased national capacity to deliver comprehensive SRH services, including in humanitarian settings. The programme will: (a) evaluate the implementation of the national SRH strategy and support its revision; (b) advocate for informed decision-making by people on family planning and for availability of a wider mix of different modern contraceptive methods as part of the national family planning programme; (c) strengthen institutional capacity, at national and subnational levels, to deliver high-quality essential SRH services, in particular in humanitarian settings; (d) provide essential life-saving SRH supplies and drugs, including in provinces vulnerable to floods and droughts; (e) advocate for and support continuous professional development for midwives and obstetricians; and (f) strengthen institutional capacity to undertake maternal death surveillance and response, in line with the international guidelines required to reduce future preventable maternal deaths.

B. Outcome 4: Population dynamics

21. Output 1: Strengthened national capacity for production, analysis, utilization and dissemination of high-quality disaggregated data on population and development issues, which allows for mapping of demographic disparities and socioeconomic inequalities, policymaking and for programming in humanitarian settings. The programme will: (a) strengthen the capacity of the Central Bureau of Statistics to prepare for and conduct the 2018 National Population and Housing Census and surveys, according to international standards, including data collection, processing, analysis and dissemination; (b) strengthen the institutional capacity of selected partner organizations to analyse census and survey data to produce and disseminate thematic reports on population and development issues; (c) build national capacity to undertake age and gender disaggregated spatial analyses on population and development issues, including strengthening of programming for humanitarian preparedness and response; (d) strengthen institutional capacity of selected partners to use disaggregated data on population dynamics, including population ageing and gender equality, as well as other evidence-based information, to inform the development of plans, strategies and policies, and their monitoring and evaluation; and (e) provide technical assistance to ensure that relevant line ministries and the Central Bureau of Statistics have the capacity to track progress on the SDGs at national and subnational levels, particularly Goals 3, 5 and 17.

IV. Programme management, monitoring and evaluation

22. The programme was developed in close consultation with the Government, United Nations organizations and other international development partners. UNFPA and the Government of the Democratic People's Republic of Korea, through the Ministry of Foreign Affairs as the coordinating entity, will be jointly responsible for the management of the programme, and will plan, monitor and evaluate programme implementation in accordance with UNFPA guidelines and procedures, using a results-based management approach and corresponding accountability frameworks. In line with Executive Board decision 2009/1, the Government has confirmed that UNFPA will have unhindered access to project sites for the monitoring and oversight of its programme. Activities will be monitored through field visits to gather both qualitative and quantitative information and data. Quarterly and annual reviews of milestones and annual programme indicator targets will be undertaken to assess implementation progress; consideration will be given to undertaking a midterm review and independent programme evaluation.

23. The programme will be implemented using direct execution by UNFPA, and the organization will partner with national entities based on their relevance to the

programme and their capacity for implementation. A resource mobilization strategy has been developed to identify new funding sources for the census and SRH interventions.

24. UNFPA will closely coordinate its activities with relevant United Nations organizations, in particular UNICEF and WHO, to promote joint activities and actively participate in sector working groups. UNFPA will co-lead the cross-cutting pillar on data for development of the UNSF for 2017-2021, together with the Central Bureau of Statistics.

25. The country programme will be delivered through a core team of staff funded from the UNFPA institutional budget, regular and other resources. The organization will earmark the required programme funds to ensure adequate country office capacity and skills for technical advisory services, advocacy and strategic communication. The Asia and the Pacific Regional Office, UNFPA headquarters divisions and external partners will provide additional technical, operational and programme support, as required.

RESULTS AND RESOURCES FRAMEWORK FOR THE DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA (2017-2021)

National priority: Improve the standard of living and quality of life of the people in an egalitarian way.
United Nations Strategic Framework (UNSF) Strategic Priority 2: Sustain the primary health care system while improving the quality of medical services; enhance the quality and equity of education system at all levels, including technical and vocation training; and improve water, sanitation and hygiene services, especially to learning institutions and health facilities.
Indicator: Number of primary healthcare facilities providing high-quality health services.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated SRH services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicator(s): • Sexual and reproductive health issues integrated into the national disaster risk reduction strategy *Baseline: No (2015); Target: Yes* • Proportion of service delivery points that have seven life-saving maternal/reproductive health medicines from the WHO priority list *Baseline: 57% (2010); Target: 75%*	Output 1: Increased national capacity to deliver comprehensive maternal health and integrated SRH services, including in humanitarian settings	• Evidence-and rights-based equitable national SRH strategy developed and implemented *Baseline: No; Target: Yes* • Number of trained midwives and doctors providing quality SRH services *Baseline: 377; Target: 900* • Number of provinces that can manage and implement the Minimum Initial Service Package for reproductive health at the onset of a crisis *Baseline: 0; Target: at least 7 out of 11 provinces* • Number of midwives graduated from medical colleges following the standardized curriculum of the International Confederation of Midwives *Baseline: 0; Target: 400* • Post-Census (2018) maternal mortality validation study conducted and disseminated *Baseline: No; Target: Yes*	Ministry of Public Health; Education Commission; State Committee on Emergency and Disaster Management; Provincial People's Committee; medical colleges; international and United Nations agencies	$5.0 million ($2.8 million from regular resources and $2.2 million from other resources)
National priority: Improve the standard of living and quality of life of the people in an egalitarian way. **UNSF Strategic Priority 4:** Support national policy and programme development with evidence-based and internationally informed analysis and experience. **Indicator:** Number of disaggregated data sets (sex, age and geography). Number of databases made available for use in emergency distress management.				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, SRH and reproductive rights, HIV and gender equality Outcome indicator(s): • 2018 National Population and Housing Census conducted and disseminated following internationally agreed recommendations *Baseline: No; Target: Yes* • Number of new national development plans that address population dynamics	Output 1: Strengthened national capacity for production, analysis, utilization and dissemination of high-quality disaggregated data on population and development issues, which enables demographic disparities and socioeconomic inequalities to be factored into policymaking and programming, including in humanitarian settings.	• Number of staff members of national statistical institutions with the capacity to conduct and disseminate the national population and housing census/survey data, following internationally agreed recommendations *Baseline: 13; Target: 40;* • Number of relevant academic and statistical institutions of Central Bureau of Statistics, State Committee on Emergency and Disaster Management, Population Centre and Kim Il Sung University with capacity to undertake censuses/surveys and spatial analyses on population and development issues to inform national plans and programmes, including humanitarian preparedness *Baseline: 2; Target: 4* • Number of sectoral ministries that use evidence-based population trends data and projections for formulating, implementing, monitoring and evaluating national policies,	Central Bureau of Statistics; Population Centre; Population Institute of Kim Il Sung University, Education Commission; State Committee on Emergency and Disaster Management; State Planning Commission,	$6.0 million ($1.4 million from regular resources and $4.6 million from other resources) Total for programme coordination and assistance: $0.5 million from regular

by accounting for population trends and projections in setting development targets *Baseline: 1; Target: 3*		plans and programmes *Baseline: 1; Target: 3* • Number of faculty members of Kim Il Sung University with enhanced academic qualifications to teach population dynamics and sustainable development, SRH, adolescents and youth, and gender equality *Baseline: 2; Target: 8* • Number of national plans and programmes on ageing, SRH and education developed, informed by population data. *Baseline: 1; Target: 3*	academic institutions, international and United Nations agencies	resources